

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

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**Commissioner for Patents**  
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

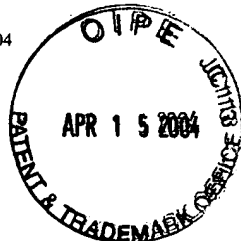
CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

30608

7590

03/23/2004

**SAMUEL SHIBER**  
**365 KEARNEY CR**  
**MANCHESTER, NH 03104**



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

|                      |                    |
|----------------------|--------------------|
| <b>SAMUEL SHIBER</b> | (Depositor's name) |
| <i>[Signature]</i>   | (Signature)        |
| <b>APRIL 9, 2004</b> | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/867,307      | 05/29/2001  | Samuel Shiber        | TH5                 | 6139             |

TITLE OF INVENTION: VESSEL CLEANER

| APPLN. TYPE       | SMALL ENTITY      | ISSUE FEE      | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|-------------------|-------------------|----------------|-----------------|------------------|------------|
| nonprovisional    | <del>NO</del> YES | \$1250 665     | \$300           | \$1630 965       | 06/23/2004 |
| EXAMINER          | ART UNIT          | CLASS-SUBCLASS |                 |                  |            |
| ODLAND, KATHRYN P | 3743              | 606-159000     |                 |                  |            |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **SAMUEL SHIBER**

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent);

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4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

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(Authorized Signature)

(Date)

*Sam Shiber*3/29/2004

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01 FC:2501

665.00 OP

02 FC:1504

300.00 OP

03 FC:8001

30.00 DA

TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Customer Number: 30608

Patent Application Number: 09/867,307  
Inventor and Applicant: Samuel Shiber  
Filing Date: 05-29-2001  
My Docket Number: Th5  
Title Of Invention: Vessel cleaner

Ex: Kathryn Odland  
Art Unit: 3743

April 8, 2004

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**ISSUE FEE TRANSFER LETTER AND REMARKS**

I enclose herewith a declaration confirming my continuing status of an independent inventor and I enclose my check #2293 for \$965 to cover the Small Entity Issue Fee and the Publication Fee (I have corrected the numbers on the form accordingly).

Please charge any additional fees (such as for copies of patents) to my deposit account 19-2040.

Respectfully,

Samuel Shiber, 365 Kearney Cr., Manchester, NH 03104  
Ph (603) 644 1773 E-mail: [Shiber@Comcast.net](mailto:Shiber@Comcast.net)